

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Glacier PAC

ADDRESS (number and street) ▼

3242 Cummins Way

☐ Check if different than previously reported. (ACC)

Missoula

MT

59802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00353953

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sheila Lopach

Signature of Treasurer

Sheila Lopach

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Glacier PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 12 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		41722.88
(b) Cash on Hand at Beginning of Reporting Period.....	21804.79	
(c) Total Receipts (from Line 19)	17000.00	482760.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38804.79	524483.87
7. Total Disbursements (from Line 31)	636.19	486315.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38168.60	38168.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Glacier PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
12	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y Y
12	/	31	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

82050.00

(ii) Unitemized

0.00

12050.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5000.00

94100.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

12000.00

387337.32

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

17000.00

481437.32

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1323.67

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

17000.00

482760.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

17000.00

482760.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5886.19	302655.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5886.19	302655.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-5000.00	147500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1800.00
29. Other Disbursements	-250.00	34360.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	636.19	486315.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	636.19	486315.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17000.00	481437.32
34. Total Contribution Refunds (from Line 28(d))	0.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17000.00	479637.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5886.19	302655.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1323.67
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5886.19	301331.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

Full Name (Last, First, Middle Initial)

A. Dennis Washington

Mailing Address PO Box 8182

City

Missoula

State

MT

Zip Code

59807-8182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Corporations

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C20420348

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 16

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

Full Name (Last, First, Middle Initial)

A. Advanced Medical Technology Association Pac (advam

Mailing Address 1200 G Street Nw - Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00340356

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 18 / 2013

Transaction ID : C20406598

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DARDEN RESTAURANTS, INC. EMPLOYEES GOOD GOVERNMENT FUND

Mailing Address 1000 DARDEN CENTER DRIVE

City State Zip Code
ORLANDO FL 32837

FEC ID number of contributing
federal political committee.

C C00108282

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2013

Transaction ID : C20408393

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. INDEPENDENT PHARMACY COOPERATIVE PAC (IPC PAC)

Mailing Address 1550 Columbus St

City State Zip Code
Sun Prairie WI 53590-3901

FEC ID number of contributing
federal political committee.

C C00508309

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 11 / 2013

Transaction ID : C20400117

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

Full Name (Last, First, Middle Initial)

A. REAL ESTATE INVESTMENT POLITICAL ACTION COMMITTEE

Mailing Address 1875 Eye Street NW
Suite 600

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00303339

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 22 2013

Transaction ID : C20408394

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

12000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Glacier PAC

A. Campaign Compliance

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802-3222

Purpose of Disbursement Accounting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D576197

Amount of Each Disbursement this Period

2275.00

Full Name (Last, First, Middle Initial)

B. Maura Hagerty

Mailing Address 122 C St NW
Ste 505

City	State	Zip Code
Washington	DC	20001-2109

Purpose of Disbursement
Voided check prior period

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D576322

Amount of Each Disbursement this Period

-15.75

Full Name (Last, First, Middle Initial)

C. Innovative Merchant

Mailing Address 26541 Agoura Road #200

City	State	Zip Code
Calabasas	CA	91302

Purpose of Disbursement
Credit Card Processing fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D576196

Amount of Each Disbursement this Period

19.95

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2279.20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Glacier PAC

A. Lai Lam

Mailing Address 5415 Connecticut Avenue, NW

City	State	Zip Code
Washington	DC	20015

Purpose of Disbursement	Voided check prior period
-------------------------	---------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Transaction ID : D576323

Amount of Each Disbursement this Period

-3.85

Full Name (Last, First, Middle Initial)

B. Travelers, The

Mailing Address One Tower Square Remittance Box 96

City	State	Zip Code
Hartford	CT	06183-9042

Purpose of Disbursement
Workers Compensation Insurance

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : D576169

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement	Credit card payment-various
-------------------------	-----------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : D576168

Amount of Each Disbursement this Period

3525.45

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3576.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

Full Name (Last, First, Middle Initial)

A. American Express

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type**Transaction ID : D576172**

Amount of Each Disbursement this Period

26.00

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Big Sky Resort

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Mailing Address PO Box 160001

City	State	Zip Code
Big Sky	MT	59716

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type**Transaction ID : D576178**

Amount of Each Disbursement this Period

773.00

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Big Sky Resort

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Mailing Address PO Box 160001

City	State	Zip Code
Big Sky	MT	59716

Purpose of Disbursement
PAC Catering/Meals

Candidate Name

Category/
Type**Transaction ID : D576179**

Amount of Each Disbursement this Period

1646.02

[MEMO ITEM]

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

Full Name (Last, First, Middle Initial)

A. Carroll TravelMailing Address 201 Massachusetts Ave NE
Ste C9

City Washington State DC Zip Code 20002-4988

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
1	2	3		4	5	6		7	8	9	0	1	2

Transaction ID : D576180

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
8	0	.	0	0															

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Carroll TravelMailing Address 201 Massachusetts Ave NE
Ste C9

City Washington State DC Zip Code 20002-4988

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
1	2	3		4	5	6		7	8	9	0	1	2

Transaction ID : D576181

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
4	0	.	0	0															

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Carroll TravelMailing Address 201 Massachusetts Ave NE
Ste C9

City Washington State DC Zip Code 20002-4988

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
1	2	3		4	5	6		7	8	9	0	1	2

Transaction ID : D576182

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	8	3	.	9	0														

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
0	.	0	0																

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

Full Name (Last, First, Middle Initial)

A. EMILY'S LIST

Mailing Address 1120 Connecticut Avenue NW
Ste 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Voided check prior period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : D578827

Amount of Each Disbursement this Period

-5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-5000.00

-5000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Glacier PAC

A. Yellowstone County Democrats

Date of Disbursement

MM / DD / YYYY

Transaction ID : D578828

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

-250.00

B.

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

-250.00

TOTAL This Period (last page this line number only).....

-250.00